ROBB (Hunter)

AN OPERATING TABLE.

By Hunter Robb, M. D.,
Associate in Gynecology.

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I have recently had made an operating table which is a modification of the one devised by Dr. Kelly, which you have all seen in his operating room. It is made of quartered oak and is 80.5 cm. high. The top, which when complete measures 110 cm. by 51.5 cm., is constructed in three separate pieces, which, for convenience, I will call *A*, *B* and *C*. The middle portion, *B*, measuring 15 cm., is made like an extra leaf of a table to slip in and out, so that when required the table can be at once shortened by joining *A* and *C*, so that the top consists only of these two parts. This allows the anæsthetizer to administer the anæsthetic during an operation on the cervix or perineum with the patient in the lithotomy position, without leaning forward in a constrained position, as he is obliged to do when the ordinary table is employed (Figs. 1 and 2). The part *C*, again, consists of two pieces which are joined together by hinges. The part which works on these hinges can at any time be elevated at any angle and kept in the required position by means of a wooden support 11 cm. wide and 48.5 cm. long, one end of which is attached to the table on its under surface by a double hinge, while the other can be fitted into a series of grooves in a plank which lies a little below and parallel to the top of the table. In this way we have a simple apparatus when we wish to employ the Trendelenburg position (Fig. 3). The legs of the patient when in this position rest upon a support which is attached to the elevated portion of the table at a convenient angle. Instead of being made in one piece, the middle portion of this support, which is 30 cm. long and 30 cm. wide, is constructed to fit into grooves in the two projecting side-pieces, so that when it is no longer required it can easily be removed.

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This is necessary, because if left in place it would obstruct the lowering of the table when a horizontal surface is required.

The support for the feet of the patient, when undergoing an abdominal operation, can be used as a seat for the operator when he is engaged in plastic work. In the two pieces of wood which connect the seat with the table, holes are drilled which are intended to receive two pegs, the tops of which are represented by two triangular pieces of wood. When in position they can be used to support a glass basin, which thus rests just in front and within easy reach of the operator, and into which can be put the scissors, knives and any instruments which are constantly being required during a plastic operation. This seat, as well as that for the anæsthetizer, can be put out of sight, being suspended under the table at any time when not in use. The legs of the table at one end are supplied with rubber casters, so that the position of the table can be readily changed.

A wooden box is fastened on the under surface at the side of the table near the head, in which are kept the anæsthetic, cones, hypodermic syringe and other things that may be required during the operation by the anæsthetizer.

The advantages which the table possesses are as follows: (1) it is inexpensive; (2) it can be readily sterilized; (3) it can be shortened at a moment's notice; (4) the patient can easily be placed in the Trendelenburg position at any time, even in the middle of the operation, without being removed from the table; (5) the seats for the operator and the anæsthetizer, when not required, are out of the way; (6) a convenient receptacle for some of the most necessary instruments is put within easy reach of the operator; (7) a box is supplied to hold the ether, chloroform and cones; (8) the table can readily be wheeled from place to place.

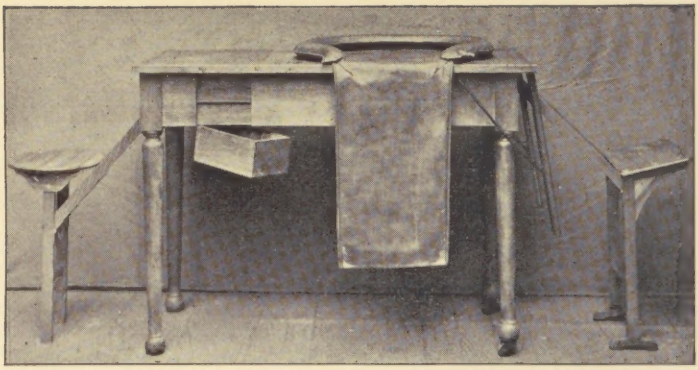

FIG. 1.—Modified Operating Table for Abdominal Section.

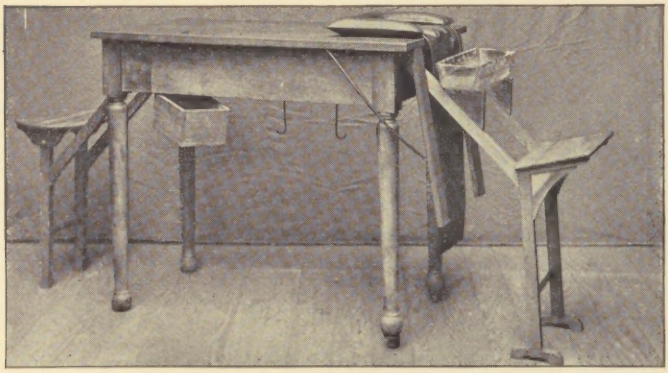

FIG. 2.—Modified Table for Plastic Operation.

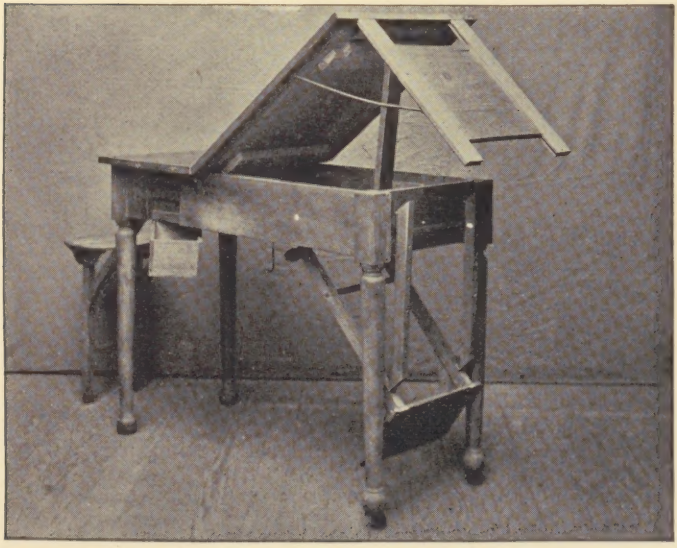

FIG. 3.—Modified Operating Table, Trendelenburg Position.